HCPCS Temporary National Coding decisions for 2003

(These items will appear in the 2004 HCPCS Update)

I. THE FOLLOWING LISTING OF HCPCS NATIONAL CODES WERE ESTABLISHED IN 2002, BUT INADVERTANLY LEFT OUT OF THE 2003 HCPCS UPDATE AS POSTED ON THE WEB ON OCTOBER 21, 2002. WE APOLOGIZE FOR ANY INCONVENIENCE. PLEASE INCLUDE THE FOLLOWING IN THE LIST OF NATIONAL HCPCS CODES AND MODIFIERS FOR USE IN 2003

"S" modifiers ADDED effective 7/1/2002

SM – Second surgical opinion (Short Description: Second opinion)

SN – Third surgical opinion

(Short Description: Third Opinion)

"S" CODES ADDED effective July 1, 2002:

S9484 Crisis intervention mental health services, per hour (Short Description: Crisis intervention per hour)

S9490 Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

(Short Description: HIT corticosteroid diem)

S9806 RN services in the infusion suite of the IV therapy provider, per visit (Short Description: RN infusion suite visit)

Services by authorized Christian Science Practitioner for the process of healing, per diem. Not to be used for rest or study. Excludes in-patient services.

(Short Description: Christian Sci Pract visit)

"S" MODIFIER ADDED effective 10/1/2002

SQ Item ordered by home health

"S" CODES ADDED effective October 1, 2002

S0104 Zidovudine, oral, 100 mg

	S0135	Injection, pegfilgrastim, 6 mg
	S0201 Pa	rtial hospitalization services, less than 24 hours, per diem
	S0207	Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport
	S0315	Disease management program; initial assessment and initiation of the program
	S0316	follow-up/reassessment
	S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month
		anial remolding orthosis, rigid, with soft interface material, custom oricated, includes fitting and adjustment(s)
	S2262	Abortion for maternal indication, 25 weeks or greater
	S2265 At	portion for fetal indication, 25-28 weeks
	S2266	Abortion for fetal indication, 29-31 weeks
	S2267	Abortion for fetal indication, 32 weeks or greater
	S3655	Antisperm antibodies test (immunobead)
	S8004	Radioimmunopharmaceutical localization of targeted cells; whole body
S codes ADDED effective 1/1/2003		
	S5100	Day care services, adult; per 15 minutes
	S5101	per half day
	S5102	per diem
	S5105 diem	Day care services, center-based; services not included in program fee, per
	S5110	Home care training, family; per 15 minutes
	S5111	per session
	S5115	Home care training, non-family; per 15 minutes
	S5116	per session

S512	O Chore services; per 15 minutes
S512	1 per diem
S512	5 Attendant care services; per 15 minutes
S512	6 per diem
S513	0 Homemaker service, NOS; per 15 minutes
S513	1 per diem
S513	Companion care, adult (e.g. IADL/ADL); per 15 minutes
S513	6 per diem
S514	0 Foster care, adult; per diem
S514	1 per month
S514	Foster care, therapeutic, child; per diem
S514	6 per month
S515	Unskilled respite care, not hospice; per 15 minutes
S515	1 per diem
S516	Emergency response system; installation and testing
S516	service fee, per month (excludes installation and testing)
S516	2 purchase only
S516	5 Home modifications; per service
S517	O Home delivered meals, including preparation; per meal
S517:	Laundry service, external, professional; per order
S518	O Home health respiratory therapy, initial evaluation
S518	1 Home health respiratory therapy, NOS, per diem
S518	Medication reminder service, non-face-to-face; per month
S519	0 Wellness assessment, performed by non-physician
S519	9 Personal care item, NOS, each

Please correct TYPO - Code S9150 was incorrectly entered as S9105.
The code is S9150 EVALUATION BY OCCULARIST added effective 4/1/2002

"S" CODE DELETED EFFECTIVE 12/31/02. PLEASE MAKE THE CORRECTION TO YOU DATABASE.

S8433 discontinued 12/31/2002 and cross-walked to code A4280

(The following "T" code appeared on the 2002 list of Temporary Codes. The code is however being deleted – removed from the HCPCS as if it never existed because the National Panel made the decision to establish a National "A" code in its place. The code does not appear in the 2003 HCPCS.)

DELETED 12/31/02: T1501 UNDERPAD, REUSABLE/WASHABLE, ANY SIZE, EACH (Short description: Reusable underpad)

II. THE FOLLOWING NEWLY ESTABLISHED CMS MODIFIERS AND CODES ARE BEING ADDED EFFECTIVE JANUARY 1, 2003. THEY DID NOT APPEAR IN THE 2003 HCPCS UPDATE AS POSTED ON THE WEB ON OCTOBER 10, 2002. PLEASE ADD TO YOUR 2003 HCPCS DATABASE

"Q" Code added effective January 1, 2003

Q3000 SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, RUBIDIUM RB-82, PER DOSE (Short description: Rubidium RB-82)

CMS Modifiers added effective January 1, 2003

- CA PROCEDURE PAYABLE ONLY IN THE INPATIENT SETTING WHEN PERFORMED EMERGENT ON AN OUTPATIENT WHO EXPIRES PRIOR TO ADMISSION

 Short Description = Procedure payable inpatient)
- CB SERVICE ORDERED BY A RENAL DIALYSIS FACILITY (RDF)
 PHYSICIAN AS PART OF THE BENEFICIARY'S BENEFIT, IS NOT PART
 OF THE COMPOSIT RATE, AND IS SEPARATELY REIMBURSABLE
 (SHORT description = Separately reimbursable serv

******* 11/7/02/ckr